PTO/SB/17 (07-07)

Approved for use through 08/30/2010, OMB 0651-0032

der the Paperwork Reduction A	ct of 1995, no p	ersons are requ	red to res	pond to a collection of infor	mation uni	less it displays a va	alid OMB control number
Effecti Fees pursuant to the Consolid	D 48181	Complete if Known					
			_	Application Number	10/562	2,091	
FEE TRA	ハシル	/III I <i>F</i>	۱L	Filing Date	Decen	aber 21, 2005	
For F		First Named Inventor	Burro	Burrows et al.			
				Examiner Name			
Applicant claims small	entity status.	See 37 CFR	1.27	Art Unit			
TOTAL AMOUNT OF F	AYMENT	(\$) S	30.00	Attorney Docket No.	10316	4-010US	
METHOD OF PAYMEN	IT (check all t	hat apply)					
☐ Check ☐ Credit	Card D N	Money Order	☐ Nor	ne Other (pleas	se identify	:	
Deposit Account	eposit Account	Number:	14-1263	Deposit Acc	ount Nam	e: Norris,McLa	ughlin & Marcus
For the above-identified	deposit account	, the Director is	nereby au	lhorized to: (check all that a	ipply)		
Charge	(ee(s) indicated	below		Charge fee(s	) indicated	d below, except for	the filing fee
		e(s) or any unde	rpayment	s of 🛛 Credit any ov	verpaymer	nts	.14
WARNING: Information on t information and authorization	der 37 CFR 1.1 his form may b on PTO-2031	ecome public.	Credit ca	rd information should no	t be inclu	ded on this form.	Provide credit card
FEE CALCULATION							
1. BASIC FILING, SEAR	CH. AND EXA	AMINATION F	EES				
	FILING FI	EES			EXAMIN	ATION FEES	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (S)	Small Entity Fee (\$)	Fees Paid(\$)
Utility Utility	300	150	500	250	200	100	1 669 1 410(4)
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
		100					
EXCESS CLAIM FEES Fee Description Each claim over 20 (inclu Each independent claim of Multiple dependent claims	ding Reissue ver 3 (includi					Fee (\$) 50 200 360 Multiple D	Small Entity Fee (\$) 25 100 180 ependent Claims
Total Claims	Extra Claims	Fee (\$)		Fee Paid (\$)		Fee (\$)	Fee Paid (\$)
20 or HP =			50.00	= \$0.00			
HP = highest number of total of			·	F P-14 (6)			
- 3 or HP =	Extra Claims		00.00	Fee Paid (\$) = \$0.00			
HP = highest number of indep 3. APPLICATION SIZE F If the specification and dra 37 CFR 1.52(e)), the appli See 35 U.S.C. 41(a)(1)(G	endent daims p EE wings exceed cation size fe	aid for, if greater d 100 sheets of e due is \$250 1.16(s).	than 3. f paper ( (\$125 fo	excluding electronically r small entity) for each a	additiona	150 sheets or fra	action thereof.
Total Sheets	Extra Shee			ach additional 50 or fract			Fee Paid (\$)
- 100 = 4. OTHER FEE(S)	0	/50	0	(round up to a wh	iole numi	oer) x <u>\$250.00</u>	= \$0.00 Fee Paid (\$)
Non-English specification, Other (e.g., late filing sure		no small entity		it)			\$130.00
Since (e.g., race ming surc	nango), iate i	g or acciair					

SUBMITTED BY	-	)	_	\1				
Signature	يلي		7		Registration No. (Attorney/Agent)	37,267	Telephone	908-722-0700
Name (Print/Type)		0	2	Davy E. Zoneraich			Date	August 7, 2007

This collection of information is required by 37 CPR 1,138. The information is required to obtain or relates bested by the pacific which is to fit (uniformation) to proceed an application. Confidentially is governed by 2,224 of 50 CPR 1, in The exclusion of the collection of the co